

# Summary of Benefits Report for Minnesota, Medicaid

## InsureKidsNow.gov

### Preventive Services

	Is the service Covered?	Frequency	List any service - specific limitations
Cleanings	Yes		
Fluoride treatments (including fluoride varnishes)	Yes	1 x 6 months	
Sealants (list any tooth-specific limits)	Yes	1 x every 5 years	Permanent molars, or as medically necessary for high caries risk children.
Space maintainers	Yes		

### Diagnostic Services

	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Oral health screening or assessment	No			
Dental examinations	Yes		Every six months or as indicated by the child's risk status/susceptibility to disease.	One
Assessment of risk for tooth decay	No			

### X-Rays

Bitewing	Yes			
Full Mouth	Yes			
Panoramic	Yes			

### Treatment Services

	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Anti-microbial treatments that stop decay from spreading	No			
<b>Fillings</b>				
Silver amalgam	Yes			
Tooth colored composite	Yes			
<b>Crowns/tooth caps</b>				
Stainless steel crowns	Yes		Except as medically necessary in conjunction with a fixed bridge or implant, an individual crown must be made of prefabricated stainless steel, prefabricated resin or laboratory resin.	
Metal (only) crowns	Yes			
Metal/porcelain crowns	Yes			
Porcelain (only) crowns	Yes			

### Root Canals (endodontics)

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Root canals on baby teeth (pulpotomies)	Yes			
Root canals on permanent teeth	Yes			
<b>Gum (periodontal) therapy</b>	Yes - only with prior authorization		Prior authorization is required for periodontal care.	
<b>Dentures</b>				
Partial dentures	Yes			
Complete dentures	Yes			
Bridges	Yes		Authorization is required for fixed bridges. The individual must be unable to wear a removable prosthesis due to a mental or physical condition.	
<b>Orthodontics*</b>				
Retainers (orthodontic)	Yes		Covered as an integral component of orthodontic treatment.	
Braces	Yes - only with prior authorization		Authorization is required for orthodontic services.	Certain criteria must be met in order for orthodontic treatment to be authorized.
<b>Oral surgery</b>				
Simple extractions	Yes		Authorization is required for the extraction of impacted teeth. The routine removal of third molars is not a covered service. Third molar extractions must have symptoms or show evidence of pathology to substantiate the medical necessity for removal.	
Surgical extractions	Yes - only with prior authorization		Only with prior authorizations.	
Care of abscesses	Yes			
Cleft palate treatment	Yes		Covered as a medical service.	
Cancer treatment	Yes		Covered as a medical service.	
Treatment of fractures	Yes		Covered as a medical service.	
Biopsies	Yes			

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Treatment Services				
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<b>Treatment of jaw joint problems (TMJ)</b>	Yes - only with prior authorization		Covered as a medical service. Authorization is always required.	Authorization is made on a case by case basis. A detailed TMD treatment Information Request must be completed by the provider. Required information includes but is not limited to: (1) pertinent medical and dental health history; (2) current symptoms; (3) description of aggravating and alleviating factors; (4) clinical examination findings; (5) indication if the diagnosis includes internal derangement with or without reduction, arthritis/degenerative joint disease; (6) past history of TMJ treatment; and (7) a proposed treatment plan.
<b>Emergency room services provided by a dentist</b>	Yes			
<b>Inpatient Hospital Services</b>	Yes			
<b>Anesthesia</b>				
General anesthesia	Yes			
Intravenous conscious sedation	Yes			
Non-intravenous conscious sedation	Yes			
Analgesia (nitrous oxide)	Yes			

\* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).